FILED

Mar 05, 1999 8:00 am Secretary of State

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harrls

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800003506

1. Corporation Name

CHILEAN TRADING CORPORATION

Principal Place of Business		Mailing Address						
5900 NORTH ANDREWS AVENUE. SUITE 230 FORT LAUDERDALE FL 33309		5900 NORTH ANDREWS AVENUE. SUITE 230 FORT LAUDERDALE FL 33309		DO NOT WRITE IN	THIS SDACE			
						3. Date Incorporated or Qualified	THOUSTACE	
						06/19/1998		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
— '	iace of business	<u> </u>	¬,			13-4995733	 	Not Applicable
Suite, Apt.	# oto '	Suite, Apt. #, etc.			_	10-4990700		Additional
22	r, 610.	27				5. Certificate of Status Desired	,	Required
City & Stat	е	City & State				6. Election Campaign Financing		D May Be
23	_	28				Trust Fund Contribution		to Fees
Zip	Country	Zip Country				This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.		
	9. Name and Address of Current					10. Name and Address of New Registered Agent		
	1	riogidator rigoni		81 N	lame			
CT	CORPORATION SYSTEM							
1200 SOUTH PINE ISLAND ROAD				82 S	treet Addre	ess (P.O. Box Number is Not Acceptable)		
PLANTATION FL 38324				83				
	DE X			84 C	City		FL 85 Zip	Code
11. Pursuant	to the pro 150 is of Sections 607.0502	and 607.1508, Florida Statut	es, the al	oove-na	amed corpo	pration submits this statement for the purpo	se of changing if	ts registered
office or registered ment in tool in the State of Florida. Such change was authorized by the corpor agent. I am familia with, at the obligations of, Section 607.0505, Florida Statutes.						n's board of directors. I hereby accept the a	appointment as r	egistered
· · · · · · · · · · · · · · · · · · ·		5 6., 6.66.6 5						
SIGNATUR	Signature, ty	and title if applicable. (NOTE	: Registered	Agent sign	nature required	when reinstating) DA	TE	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
TITLE	PC	☐ DELETE	1.1 TIT	LE			☐ Change	e
NAME	GUARDA, CARLOS E		1.2 NA	ME				
STREET ADDRESS 5900 NORTH ANDREWS AVENUE, SUITE 230			1.3 ST	REET ADD	ORESS			
CITY-ST-ZIP FORT LAUDERDALE FL 33309			1.4 CIT	Y-ST-ZIF				
TITLE	V	☐ DELETE	2.1 TIT				☐ Change	Addition
NAME	HARAMBOUR, ALBERTO		2.2 NA	ME		•		Ì
STREET ADDRESS - 3050 POST OAK BLVD., SUITE 1160				2.3 STREET ADDRESS				
CITY-ST-ZIP	HOUSTON TX 77056	1100		TY-ST-ZII				
TITLE	S	☐ DELETE	3.1 717		<u>'</u>		Change	Addition
NAME	GARCIA, SIGFREDO		3.2 NA			•		_
STREET ADDRESS	124 EAST 55TH STREET			WIL REET ADD	neree			
	NEW YORK NY 10022		1					
CITY-ST-ZIP TITLE	T T	☐ DELETE	4,1 TIT	TY-ST-ZII	<u> </u>		Change	Addition
	DIVEDOS IODOS	_ DELETE	4,1 111 4, 2 NA				_ sharige	
NAME	RIVEROS, JORGE	IE CHITE OOO	- 1		ND=00			
STREET ADDRESS	5900 NORTH ANDREWS AVENU	E, SUITE 230		REET ADD				
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	☐ DELETE		Y-ST-ZIF			Change	XX Addition
TITLE			5.1 TIT 5.2 NA		AT		Change	e economico
NAME				ME REET ADO		ANCIBIA, RICARDO		
STREET ADDRESS	. V				- 1	70 NW 61ST STREET		ļ
CITY-ST-ZIP				Y-ST-ZIP	. CO	CONUT CREEK, FL 33073		
TITLE	11	☐ DELETE	6.1 TIT	LC	1		☐ Change	e

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on the supplied with the information indicated on this annual report or supplied with the information indicated on the information indicated on this annual report or supplied with the information indicated on the inf

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

CARLOS GUARDA DEPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/99

Date

954-229-8005

Daytime Phone #